

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell, City of
ADDRESS: 621 Cleveland Blvd.
 Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP
LOCATION: 504 JOHNSON LANE
 CALDWELL, ID 83605

ATTN: Brendan Clemens, Operator

ID0021504	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2009	01/31/2009

DMR Mailing ZIP CODE: 83605

MAJOR \$

(SUBR 02)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	16	16				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	224	262		*****	6	7				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7838	8324		*****	200	207				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	369	407		*****	9	10				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM OTHER THAN TRACE AMOUNTS.O = MONTHLY TEMPERATURE MONITORINGP = CHLORINE LIMITS EFFECTIVE 07/01/01

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	6719	7233		*****	171	186				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	3.84	8.68		*****	.09	.2				
00610 1 3 Effluent Gross	PERMIT REQUIREMENT	178.93 MO AVG	358.57 DAILY MX	lb/d	*****	2.53 MO AVG	5.07 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	13	13	36				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	200 WKLY GEO	800 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	*****				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.77	*****		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 3 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	16	16				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	225	332		*****	6	10				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7316	8075		*****	201	227				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.3				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	353	475		*****	10	14				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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Solids, total suspended	SAMPLE MEASUREMENT	5157	6445		*****	142	180				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.56	1.84		*****	.04	.05				
00610 1 3 Effluent Gross	PERMIT REQUIREMENT	178.93 MO AVG	358.57 DAILY MX	lb/d	*****	2.53 MO AVG	5.07 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	15	15	51				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	200 WKLY GEO	800 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	*****				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.41	*****		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 3 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	16				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	16	16				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	282	339		*****	8	10				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8792	9420		*****	244	260				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.3				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	472	525		*****	13	14				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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Solids, total suspended	SAMPLE MEASUREMENT	6643	7671		*****	185	219				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				*****						
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	77.09 MO AVG	155.59 DAILY MX	lb/d	*****	1.09 MO AVG	2.2 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	28	27	46.1				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	200 WKLY GEO	800 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	6	*****				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.62	*****		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 1 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
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				AREA Code	NUMBER
TYPED OR PRINTED				MM/DD/YYYY	

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THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM OTHER THAN TRACE AMOUNTS.O = MONTHLY TEMPERATURE MONITORINGP = CHLORINE LIMITS EFFECTIVE 07/01/01

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell, City of
ADDRESS: 621 Cleveland Blvd.
 Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE
 CALDWELL, ID 83605

ATTN: Brendan Clemens, Operator

ID0021504	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2009	03/31/2009

DMR Mailing ZIP CODE: 83605

MAJOR \$

(SUBR 02)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	17	17				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	231	338		*****	6	9				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	9228	10162		*****	234	274				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.1				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	304	403		*****	8	11				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	7524	8705		*****	191	246				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				*****						
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	77.09 MO AVG	155.59 DAILY MX	lb/d	*****	1.09 MO AVG	2.2 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	15	17	36.7				
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	200 WKLY GEO	800 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	*****				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.71	*****		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 1 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	18	18			21 Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	*****			Four Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	249	366		*****	5	7			Eight Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8290	9247		*****	178	215			Eight Every Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.1			21 Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	199	286		*****	4	6			Eight Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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Solids, total suspended	SAMPLE MEASUREMENT	8504	11688		*****	183	271			Eight Every Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				*****						
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	77.09 MO AVG	155.59 DAILY MX	lb/d	*****	1.09 MO AVG	2.2 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	16	15	54			21 Per Month	GRAB
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	50 MO GEO	200 WKLY GEO	500 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	10	*****			Monthly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.58	*****		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 1 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Eight Every Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****			Eight Every Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	19	19			22 Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	*****			5 Times Every Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	436	520		*****	8	10			Nine Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7377	7838		*****	144	154			Nine Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.2			22 Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	435	495		*****	8	10			Nine Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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				MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell, City of
ADDRESS: 621 Cleveland Blvd.
 Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP
LOCATION: 504 JOHNSON LANE
 CALDWELL, ID 83605

ATTN: Brendan Clemens, Operator

ID0021504	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2009	06/30/2009

DMR Mailing ZIP CODE: 83605

MAJOR \$

(SUBR 02)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	7254	7753		*****	142	154			Nine Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT				*****						
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	77.09 MO AVG	155.59 DAILY MX	lb/d	*****	1.09 MO AVG	2.2 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	5	5	82			22 Per Month	GRAB
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	50 MO GEO	200 WKLY GEO	500 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	5	*****			Monthly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.15	*****		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 1 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****			Nine Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****			Nine Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	20	20			23 Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	*****			Four Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	618	703		*****	11	13			Nine Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7608	8374		*****	139	155			Nine Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7			23 Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	743	639		*****	14	12			Nine Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	8238	9315		*****	150	172			Nine Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.438	3.294		*****	.044	.06			5 Times Every Month	COMP24
00610 1 2 Effluent Gross	PERMIT REQUIREMENT	349.37 MO AVG	701.57 DAILY MX	lb/d	*****	4.94 MO AVG	9.92 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	13	9	482.84			23 Per Month	GRAB
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	50 MO GEO	200 WKLY GEO	500 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	23.3	*****			Twice Per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.61	*****		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 2 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	92	*****	*****			Nine Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	91	*****	*****			Nine Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	21	21			21 Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	*****			Four Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	395	846		*****	7	11			Eight Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8566	10048		*****	156	201			Eight Every Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.4			21 Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	509	813		*****	9.4	15			Eight Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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Solids, total suspended	SAMPLE MEASUREMENT	9686	11792		*****	176	217			Eight Every Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	3.57	4.88		*****	.07	.09			Four Per Month	COMP24
00610 1 2 Effluent Gross	PERMIT REQUIREMENT	349.37 MO AVG	701.57 DAILY MX	lb/d	*****	4.94 MO AVG	9.92 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	12.6	16.2	41.6			21 Per Month	GRAB
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	50 MO GEO	200 WKLY GEO	500 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	14	*****			Monthly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.6	*****		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 2 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1			Monthly	COMP24
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1			Twice Per Year	COMP24
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****			Eight Every Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****			Eight Every Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
		AREA Code	NUMBER		
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM OTHER THAN TRACE AMOUNTS.O = MONTHLY TEMPERATURE MONITORINGP = CHLORINE LIMITS EFFECTIVE 07/01/01

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell, City of
ADDRESS: 621 Cleveland Blvd.
 Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP
LOCATION: 504 JOHNSON LANE
 CALDWELL, ID 83605

ATTN: Brendan Clemens, Operator

ID0021504	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2009	09/30/2009

DMR Mailing ZIP CODE: 83605

MAJOR \$

(SUBR 02)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	21	21			22 Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.62	*****	*****			5 Times Every Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	294	321		*****	5.5	6			Ten Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7937	9150		*****	148	165			Ten Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7			22 Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	246	337		*****	4.6	6.5			Ten Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	7524	10704		*****	140	192			Ten Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.14	2.25		*****	.04	.04			5 Times Every Month	COMP24
00610 1 2 Effluent Gross	PERMIT REQUIREMENT	349.37 MO AVG	701.57 DAILY MX	lb/d	*****	4.94 MO AVG	9.92 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	12	17	119			22 Per Month	GRAB
31616 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	50 MO GEO	200 WKLY GEO	500 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	*****			Monthly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.4	*****		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 2 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****			Ten Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Ten Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	20	20			22 Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	*****			Four Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	288	296		*****	7	7			Eight Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7371	8641		*****	169	221			Eight Every Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7			22 Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	335	419		*****	8	9			Eight Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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MM/DD/YYYY	MM/DD/YYYY
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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	7516	9776		*****	170	214			Eight Every Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	11.61	37.99		*****	.27	.95			Four Per Month	COMP24
00610 1 2 Effluent Gross	PERMIT REQUIREMENT	349.37 MO AVG	701.57 DAILY MX	lb/d	*****	4.94 MO AVG	9.92 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	4.27	4.79	13.33			22 Per Month	GRAB
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	200 WKLY GEO	800 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.83	*****			Twice Per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.34	*****		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 2 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****				CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****				CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	18	19			21 Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.49	*****	*****			Four Per Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	235	308		*****	6	8.5			Eight Every Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7009	8167		*****	183	212			Eight Every Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7			21 Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	247	348		*****	6.5	9.5			Eight Every Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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11/01/2009	11/30/2009

DMR Mailing ZIP CODE: 83605

MAJOR \$

(SUBR 02)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	6463	8067		*****	170	224			Eight Every Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.532	1.578		*****	.04	.04			Four Per Month	COMP24
00610 1 3 Effluent Gross	PERMIT REQUIREMENT	178.93 MO AVG	358.57 DAILY MX	lb/d	*****	2.53 MO AVG	5.07 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	3.76	3.54	12			21 Per Month	GRAB
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	200 WKLY GEO	800 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	*****			Monthly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.749	*****		*****	*****	*****	*****		Daily	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 3 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
				AREA Code	NUMBER
TYPED OR PRINTED				MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM OTHER THAN TRACE AMOUNTS.O = MONTHLY TEMPERATURE MONITORINGP = CHLORINE LIMITS EFFECTIVE 07/01/01

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: Caldwell, City of
ADDRESS: 621 Cleveland Blvd.
 Caldwell, ID 83605

FACILITY: CALDWELL, CITY OF - CALDWELL WWTP

LOCATION: 504 JOHNSON LANE
 CALDWELL, ID 83605

ATTN: Brendan Clemens, Operator

ID0021504	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2009	11/30/2009

DMR Mailing ZIP CODE: 83605

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Eight Every Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****			Eight Every Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	16	18			23 Per Month	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	deg C		Weekdays	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 0 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	deg C		Monthly	COMP24
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	*****			5 Times Every Month	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	344	415		*****	8	10			Nine Per Month	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	2125 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7445	7769		*****	183	202			Ten Per Month	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.85	*****	7.11			23 Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	690	1150		*****	17	28			Ten Per Month	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2831 MO AVG	3183 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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Solids, total suspended	SAMPLE MEASUREMENT	6366	8953		*****	157	228			Ten Per Month	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	lb/d	*****	Req. Mon. MO AVG	Req. Mon. WKLY AVG	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.619	1.869		*****	.04	.04			5 Times Every Month	COMP24
00610 1 3 Effluent Gross	PERMIT REQUIREMENT	178.93 MO AVG	358.57 DAILY MX	lb/d	*****	2.53 MO AVG	5.07 DAILY MX	mg/L		Weekly	COMP24
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	9	9	250			23 Per Month	GRAB
31616 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO	200 WKLY GEO	800 DA GEO	#/100mL		Weekdays	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	9	*****			Monthly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO GEO	*****	#/100mL		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.796	*****		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 3 See Comments	PERMIT REQUIREMENT	7.09 MO AVG	7.09 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24

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Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	tox chronic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****			Nine Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	90	*****	*****			Ten Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MO AV MN	*****	*****	%		Monthly	CALCTD

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